

KENTUCKY EMPLOYEE ASSISTANCE PROGRAM SUPERVISORY REFERRAL

Supervisor _____ Employee _____ Agency _____

How to use this form: identify performance deficits; set performance expectations; complete & return this form to KEAP; review with employee; offer KEAP to employee.

Job performance/behavior deficits:

Job perf./behavior expectations:

[illegible]

WORK PERFORMANCE PROBLEM

SEVERITY OF PROBLEM

MINOR

SEVERE

ABSENTEEISM

1 2 3 4 5

LEAVING WORK EARLY

1 2 3 4 5

PUNCTUALITY

1 2 3 4 5

DECLINE IN QUALITY OF WORK

□ 1 2 3 4 5

DECLINE IN QUANTITY OF WORK

1 2 3 4 5

INTERPERSONAL COMMUNICATION PROBLEMS

□ 1 2 3 4 5

DIFFICULTY WITH TEAMWORK

1 2 3 4 5

CHANGE IN WORK HABITS

1 2 3 4 5

DISRUPTIVE BEHAVIOR

1 2 3 4 5

EXCESSIVE TIME AWAY FROM AREA

1 2 3 4 5

OTHER _____

1 2 3 4 5

OTHER _____

1 2 3 4 5

OTHER _____

1 2 3 4 5

I authorize KEAP to share this information with the employee should the employee choose to utilize KEAP services. KEAP is voluntary for employees.

Supervisor signature & phone #

Date _____